Administrative Medical Process for Limited Duty Disability Evaluation System (DES) Not Physically Qualified (NPQ) and Temporary Not Physically Qualified (TNPQ)

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AGENDA

- Overview
- References
- Responsibilities of the Limited Duty Coordinator at different levels
- Administrative process for Active Duty / Active Reserve
  - Light Duty
  - Limited Duty (LIMDU)
  - Permanent LIMDU (PLD)
  - Medical Hold
  - Reservist (Activated or on ADOS over 31 days)
  - Medical Separation
- Administrative process for Reservist (Not injured in the line of duty)
  - Responsibilities of the Limited Duty Coordinator
  - Temporarily Not Physically Qualified (TNPQ)
  - Not Physically Qualified (NPQ)
  - Requesting Retention

Overview

The purpose of this brief is to familiarize the administrative community with the medical responsibilities and process pertaining to the management, reporting and tracking of the various medical status relating to the Marines in the command.

REFERENCES

- DODFMR VOL 7A CHAPTER 13 AND CHAPTER 44
- JTR PAR 7035 CONV LEAV TRAVEL
- DODI 1332.18 VOLUME 1 (LDES) AND VOLUME 2 (IDES)
- MCO 6320.2 ADMIN AND PROCESSING INJ/ILL HOSP MARINES
- MCO 1001R.1K - MCRAMM
- MCO P1900.16F - MARCORSEPMAN
- MCTFS PRIUM
- MANMED CHAPTER 18, ARTICLE 18-10 Limited Duty
- BUMED Notice 6110 - Tracking and Reporting Individual Medical Readiness Data
- SECNAVINST 6120.3 CH-1 - PHA for individual medical readiness
- SECNAVINST 1850.4E - DON Disability Evaluation Manual

REFERENCES

- MARADMIN 259/04 – Policy for Activated Reservist
- MARADMIN 228/06 – Active Duty Career Retention and Permanent Limited Duty
- MARADMIN 358/07 - Policy Concerning Pregnancy
- MARADMIN 448/07 – Par 3B (5) only. Changed MARADMIN 259/04 POC information for Activated Reserve marine extensions from SMO BUPERS to WWR (RMED)
- MARADMIN 227/10 - Pay and Allowance Continuation (PAC) Pay
- MARADMIN 636/09 - Limited Duty and Disability Processing
- MARADMIN 308/11- Commander Access to Health Information
- MARADMIN 263/12 - Revised Limited Duty Codes
- Force Order 6000 - SOP for Medical Matters
- Force Policy Letter 3-11

Limited Duty Coordinator

RESPONSIBILITIES

Force Limited Duty Coordinator (LDC)

Responsibilities

- To serve as the point of contact for Major Subordinate Command (MSC) LIMDU Coordinators to answer all inquiries regarding TNPQ, NPQ, MEDHOLD, LOD, light duty, LIMDU, and disability evaluation cases that may arise.
- Provide Biweekly updates to MARFORRES Operations and Major Subordinate Command G-1's and Limited Duty Coordinators (LDC) on TNPQ and NPQ cases that are considered non compliant.

- MARINE FORCES RESERVE LDC Coordinator:
  - SSgt Ramos, Alfredo Phone : 504-697-7113

Major Subordinate Command LDC

Responsibilities

- Ensure units are tracking each of their respective TNPQ, NPQ, LIMDU, PEB, MEDHOLD, and LOD cases and pertinent unit diary entries are being reported.
- Provide updates to each MSC Chief of Staff regarding medical cases that are considered non-compliant.
- MSC LDC Coordinators:
  - 4TH MARDIV: GySgt Ortiz, Benjamin Phone: 504-697-7110
  - 4TH MAW: MSgt Traylor, Andrea Phone: 504-697-7773
  - 4TH MLG: GySgt Beard, Dangelo Phone : 504-697-7137
  - FHG: SSgt Blow, Toni A. Phone : 504-697-7894

COMMANDER

Responsibilities

- Overall responsible for the proper care and administration of wounded, ill or injured members within their command through final disposition

- Must assign a Limited Duty Coordinator (SNCO or above) in writing to provide coordination between the member, medical, and the command's administrative personnel

Unit Limited Duty Coordinator (LDC)

Responsibilities

- To identify, track and ensure proper administrative reporting of all personnel on light duty , limited duty, permanent limited duty, or processing through the Disability Evaluation System (DES) or Integrated Disability Evaluation System (IDES)
- Ensure Marines not in a full duty status in excess of 60 days for medical reasons are scheduled for a Medical Evaluation Board (MEB), placed on limited duty (as determined by medical) and properly reported in the Medical Board Online Tri-Service Tracking System (MEDBOLTTS), Medical Readiness and Reporting System (MRRS), and the MCTFS

Limited Duty Coordinator

Responsibilities

- Retrieve a Limited Duty status report at least monthly and verify MCTFS information matches all documents on file in the binder or forward any missing documentation to the IPAC/Admin. Viewing monthly rosters will also identify any Marines who have recently joined that may have a duty limitation resident in the MCTFS from a previous command

- Monitor the status of all Marines in the command who are on Convenience of the Government medical hold (CofG M)

- Ensure Marines keep all appointments

Limited Duty Coordinator

Responsibilities

- Maintain a case file on all limited duty personnel which at a minimum include the NAVMED 6100/5, non-medical assessments (NMAs), extensions on limited duty, NAVMED 6100/6 directing removal from limited duty, and all communications with CMC (MMSR-4). Retention is 2 years

  - Note: **The NAVMED 6100/5 must have the CA of the MTF signature before filing.** Normal delay in obtaining the copy with the MTF CA signature vary based upon volume. MANMED Chapter 18, Article 18-10 (7) refers.

Limited Duty Coordinator

Responsibilities

- Possible **CASE FOLDERS** Closeout document(s)
  - NAVMED 6100/6 (only document to return to full duty)
  - CHRO MCTFS Screens
  - RT01-RT03 MCTFS Screens
  - Diary Retrieval of CMC (MMSR-4) and drop entries
  - Statement from Marine electing to separate in lieu of medical separation

- Note: These documents would be used to validate the unit has a process in place to monitor the IDES/Limited Duty packages through final disposition.

Limited Duty Coordinator

Responsibilities

- Complete the required Non-Medical Assessment (NMA) within 5 days of notification from the MTF.
- Coordinate with the MTF LDC to ensure that Marines assigned limited duty are re-evaluated 60 days prior to expiration of limited duty.
- Coordinate with personnel from the MTF, IPAC, higher headquarters LDCs, and CMC (MMSR-4) in the performance of their duties.
- Ensure that a Line of Duty Investigation (LODI) is forwarded with the NAVMED 6100/5 Medical Evaluation Board Report (MEBR), when required, to the Physical Evaluation Board (PEB).

Limited Duty Coordinator

Responsibilities

- Ensure MOL, MCTFS, and the MRRS uniformly reflect medically non-deployable, light duty, limited duty, and IDES status of the unit's Marines.

- Coordinates with the Medical Treatment Facility (MTF) LDC to ensure members who have been assigned limited duty in excess of 12 months (3rd period) and all Officers have a medical evaluation board (NAVMED 6100/5) submitted to CMC (MMSR-4) for unit diary reporting.
  - **Note: These cases are restricted to CMC (MMSR-4) reporting only**.

Limited Duty Coordinator

Responsibilities

- Coordinate with the Legal section to ensure procedures are in place to identify Marines who are pending administrative separation **for misconduct** or may be punitively separated (Pending SPCM/GCM). In these cases the unit LDC must coordinate with the MTF LDC to notify CMC (MMSR-4) immediately if the Marine's Medical Board is pending at the Physical Evaluation Board (PEB). i.e. Marines with the duty limit code of "V" or "Y")
- MMSR-4 Notification of pending Legal action:
  - This can be accomplished via message to CMC (MMSR-4) or by e-mail with attached documents to CMC (MMSR-4) Attention: GySgt Pereira.
  - Ref: MCO 1900.16, par 8308 and MANMED Chapter 18, Article 18-5(6)

Limited Duty Coordinator

Responsibilities

- *Ensure Marines retained beyond their original EAS for temporary limited duty (TLD) or the IDES for more than 60 days **execute a valid contract extension reflecting the end of the TLD or IDES period** and that the new EAS is entered into the MCTFS
  - Note: Further retention of Marines beyond this initial medical extension for limited duty requires CMC (MMSR-4) receipt and approval of a valid MEB indicating diagnosis, limitations and prognosis with command endorsements, and a NMA

Limited Duty Coordinator

Responsibilities

- When submitting documents to the IPAC/Admin for unit diary reporting the LDC must verify the appropriate limited duty code has been reported on the correct date. Validation from the MCTFS Screed “D125” is recommended
- CMC (MMSR-4) will report the duty limitation code “Y - PEB CASE ACCEPTED” once they have verified they have all documents required by the PEB
  - If the duty limitation code “Y” hasn’t been reported within 90 days of the duty limit “V” code the unit LDC must contact the LDC of the MTF or CMC (MMSR-4) to determine the cause of the delay.
  - Note: Per CMC (MMSR-4) WWBN is the exception for this timeline due to the case load and type of injuries monitored

INDIVIDUAL MARINE

RESPONSIBILITIES

- The Marine is responsible for notifying the CO/I-I upon placement on light duty/LIMDU for injury incurred
  - Light duty chit, NAVMED 6100/5, NAVMED 6100/6 from the attending medical doctor must be provided as soon as possible to identify medical status
  - Sign NAVPERS 1070/613 document provided by Physical Evaluation Board Liaison Officer (PEBLO)
  - Provide schedule of all appointments
  - Attend all medical appointments and provide documentation to LDC

Limited Duty Coordinator

Light Duty

Light Duty

- **Definition:**
  - A period when the Marine reports to their work space, but during the period the Marine is excused from the performance of certain aspects of military duties, as defined in their light duty chit. Assignment for short term periods of recovery in increments of 30 days not to exceed 90 consecutive days without referral to a Medical Evaluation Board (MEB)

- Ensure that a Marine who is assigned to light duty has not been assigned for more than two back to back 30 day periods without being referred for consideration to LIMDU

- At the end of the light duty period, the member will either be immediately returned to full duty or will be referred to an MEB

- Care must be exercised to ensure that light duty is not abused or used as an inappropriate substitute for MEB referral

Limited Duty Coordinator

Limited Duty

Limited Duty

- Definition:
  - A period when the member reports to their work space, but during the period the member is excused from the performance of certain aspects of military duties as defined in their individual LIMDU write-up
- A MEB at an medical treatment facility (MTF) may recommend that a member be placed on a documented period of medically restricted duty as a result of illness, injury, or disease process
- LIMDU may only be provided to a patient as the result of the actions of an MEB properly convened at an MTF
- Assigned in increments of 6 months
- Ensure that Marines assigned LIMDU are re-evaluated 60 days prior to termination of LIMDU
- Ensure members who have been assigned LIMDU in excess of 12 months (3rd period) and all Officers have a medical evaluation board (NAVMED 6100/5) submitted to CMC (MMSR-4) for unit diary reporting. A non-medical assessment (NMA) is also required for these personnel

Limited Duty

- The NAVMED 6100/5 must have the convening authority (CA) of the MTF signature before filing. The unit can report the duty limitation status code ‘Q’ in MCTFS by utilizing TTC 157 000 DUTY LIMIT, the effective date of the Duty Limit entry is the start date of the NAVMED 6100/5

- Ensure that a Line of Duty Investigation (LODI) is forwarded, when required, with the NAVMED 6100/5 Medical Evaluation Board Report (MEBR) to the PEB

- When Marines have their medical board referred to the PEB the unit LDC must ensure that TTC 157 000 DUTY LIMIT code ‘V PEB REFERRAL’ is reported in MCTFS via unit diary

- CMC (MMSR-4) will report the duty limitation code ‘Y PEB CASE ACCEPTED’ once they have verified they have all documents required by the PEB
  - If the duty limitation code ‘Y’ hasn’t been reported within 90 days of the referral the unit LDC must contact CMC (MMSR-4) to determine the cause of the delay
  - Marines will remain in a TLD status pending IDES-PEB process, TLD Reevaluations are not required

Limited Duty

- Duty Limitations for a pregnant Marine will be reported with TTC 157 000 using the duty limitation code 'N' for the period of Pregnancy
  - Duty limitation code 'D' for the convalescent period following pregnancy
  - Duty limitation code 'E' for the deferred deployment period (up to 6 months, may be waived by the Marine, or extended by the CO in consultation with the Health Care Provider (HCP)).
- The Health Care Provider Pregnancy Notification letter will be the source document for all diary entries related to pregnancy

Limited Duty

- The unit LDC must notify CMC (MMSR-4) and the Medical Board office/LIMDU and PEB counselors immediately if any member is pending in the disability process and is referred for an Administrative Separation process for misconduct or a punitive discharge
  - MMSR-4: This can be accomplished via naval correspondence e-mail to CMC (MMSR-4) Attention: GySgt Pereira

    email: gean.pereira@usmc.mil_
- Ref: MCO P1900.16F, par 8506.1 and 8508.2; MANMED Chapter 18, Article 18-5(6)

Limited Duty

- Maintain case folders for all Marines on LIMDU, that at minimum contain:
  - Light Duty Chit
  - NAVMED 6100/5
  - Duty Limitation diary entries
  - Copy of e-mail to CMC (MMSR-4) if an officer or more than 12 months without a PEB referral
  - PEB Referral (Could be a NAVMED 6100/5 or DOD/VA IDES form)
  - NMA
  - PEB Findings letter
  - NAVMED 6100/6 (only document to return to full duty)
  - CHRO MCTFS Screens
  - RT01-RT03 MCTFS Screens
  - Diary Retrieval of CMC (MMSR-4) and drop entries
  - DD214 hard copy must be maintain with files for all events that merit a DD214 **(Memo USD(P&R) - Elimination Mailing/Sending DD Form 214 to the VA effective 1 Jan 15)**

Limited Duty

GENERAL INFORMATION

- The unit LDC should notify each Marine via the Company 1stSgt or section SNCOIC when it is time for their 60 day re-evaluation
- Contact the Company 1stSgts or section SNCOIC in order to obtain any necessary documents. This includes documents for a new period of limited duty, assignment to a PEB, or return to full duty
- Contacting the senior enlisted leadership is also important when the Marine has failed to attend any scheduled appointments which will normally result in a limited duty case expiring

Limited Duty Coordinator

Permanent Limited Duty

Permanent Limited Duty

- Marines who are found unfit by the PEB, but CMC (MMSR-4) has determined that a need for the Marines skill set or experience justifies the continuance on active duty in a PLD status. Periods of assignment to PLD are based on the merit of each individual case such as:
  - To complete a current tour of duty
  - To provide continuity in a key, mission-essential billet pending relief
  - Complete active service obligation for education and training
- Marines retained must be able to perform required duties and maintain standards without adversely affecting their health or the health and safety of others

Limited Duty Coordinator

Medical Hold

Medical Hold

- Marines whose EAS/ECC will expire before the limited duty process can be completed can be placed on medical hold. To assign a Marine to Medical hold the LDC must notify the IPAC/ admin. This is completed by forwarding letter from the Commanding Officer directing the Medical Hold along with the supporting documents from medical and should be submitted no earlier than 90 days or no later than 45 days prior to the EAS

- The command must have the Marine execute an extension of enlistment to cover the limited duty period if the limited duty period exceeds 60 days. The CofG M period cannot exceed 60 days from the Marine's original EAS

- The IPAC/admin will report the EAS CofG M on the unit diary upon notification from the unit Commander and validation that the Marine is in a limited duty status. Reporting of the entry will result in the EAS being established as 99999999

Medical Hold

- In certain cases CMC (MMSR-4) will report the EAS/ECC 60 days out or the end of the limited duty period. The LDC must monitor the limited duty processing to either return the Marine to full duty, extend the limited duty period, or refer the Marine to a PEB before the EAS/ECC expires

- This also affects the ability of these Marines to obtain a proper military and dependent identification card. Commanders must provide the ID card center personnel with a letter that identifies the length the limited duty period is expected to be completed but cannot exceed 6 months. If the period is unknown, recommend the commander use 6 months to reduce the negative impact on the Marine and their family

Limited Duty Coordinator

RESERVIST

Reservists

- Activated Reservists and Reservist on ADOS orders over 31 days shall be treated in the same manner as active component Marines, with variations as identified below

- The gaining force command LDC must monitor these Marines and make liaison with the Military Treatment Facility and Home Training Center (HTC) {for SMCR Marines} or Marine Corps Individual Reserve Support Activity (MCIRSA) {For IRR/IMA Marines}

- Activated Reservists and Marines on ADOS over 31 days may elect to deactivate / terminate ADOS orders upon reaching their EAS/ECC and enter the LOD process at their HTC or MCIRSA, as applicable. Ensure the Marine is counseled regarding his/her medical benefits and type a page 11 entry to document the counseling once signed submit in the Marines' ESR (follow the example provided

Reservist

- The Marine can choose to stay on orders until he/she is found fit to return for full duty. If the medical treatment anticipated to be longer than the time currently on orders, the Marine must submit written requests to be retained beyond their EAS on the original mobilization orders through WWR (RMED) and counseled accordingly, a page 11 entry is documented and file in the ESR
- Extensions for medical treatment must also be coordinated with the Marine's HTC to modify the Marine Reserve Order Writing System (MROWS) activation orders for the period approved by WWR (RMED)

Reservist

- The unit LDC must ensure the medical status of these Marines is reviewed by WWR (RMED) section
- A new EAS must be established in the MCTFS as determined by the approved extension
- Complete the required page 11 entry contained in MARADMIN 259/04

Limited Duty Coordinator

Medical Separation

Medical Separation

MEDICAL SEPARATION

- When a Marine is found by the PEB to be not fit for duty they will be identified in three categories:
  - 1) To be retired to the Permanent Disabled Retired List (PDRL)
  - 2) To be retired to the Temporary Disabled Retired List (TDRL)
  - 3) To be separated with severance pay (Less than 30%)
- Either the unit's Medical Representative or the LDC must ensure the Marine coordinates with the IPAC/admin to begin the separation process
- The unit's LDC in coordination with the IPAC must ensure the Marine is separated on the date determined by CMC (MMSR-4) or a modification is requested to allow for proper separation processing

Medical Separation

MEDICAL SEPARATION

- Any documents that validate the separation was properly completed should be filed along with all documents associated with the Marine's case. Examples include a copy of the "CHRO" MCTFS screens (**especially for cases of TDRL and PDRL**), Copy of the DD 214, or unit diary retrieval screens showing the drop entries properly processing and all pertinent orders. All these documents must be placed in the command correspondence files and retained accordingly

Medical Separation

HOME AWAITING (HOA) ORDERS

- *Marines who have unusual hardship cases may request “home awaiting orders” from CMC (MMSR-4). This requires the command to submit a request for approval from CMC (MMSR-4) per Figure 8-3 of the MARCORSEPMAN. The assignment of appropriation data will be provided by CMC (MMIA) prior to orders being issued

- This is critical to a successful process due to the time limitations associated with HOA. These Marines require HOA orders in addition to a complete separation package

- Either the unit LDC must ensure the checkout process is completed prior to the Marine’s departure

Medical Separation

HOME AWAITING ORDERS ADMIN PROCESS

- Marines who have been approved by CMC (MMSR-4) for Home Awaiting Orders must have orders prepared to send the Marine to a Home of Selection
- Marine must depart the PDS prior to his or her new EAS/ECC posting in the MCTFS
- These Marines are entitled to BAH and CONUS COLA at the zip code for the address they designate on their orders. This rate becomes effective the day they arrive at the designated location or on the constructed date of arrival; whichever is first
- In addition to preparing and issuing the HOA orders a complete separation package must be completed prior to the Marine's departure from the PDS

Medical Separation

HOME AWAITING ORDERS ADMIN PROCESS

- Unit diary reporting requirements:
  - TTC 388 001 CHAN BAH at command zip code effective date of departure from PDS (if required)
  - TTC 388 001 CHAN BAH at home zip code effective the date of arrival to HOA location or constructive date of arrival (whichever is earlier)
  - TTC 475 001 STOP DISC MEAL RATE effective the day of departure from the PDS
  - TTC 113 000 PEB COMPLET/HOME AWTG ORDERS on the date of arrival to HOA location or the constructive date of arrival (whichever is earlier)

Medical Separation

- Maintain case folders for all Marines on LIMDU, that at minimum contain:
  - Light Duty Chit
  - NAVMED 6100/5
  - Duty Limitation diary entries
  - Copy of e-mail to CMC (MMSR-4) if an officer or more than 12 months without a PEB referral
  - PEB Referral (Could be a NAVMED 6100/5 or DOD/VA IDES form)
  - NMA
  - PEB Findings letter
  - NAVMED 6100/6 (only document to return to full duty)
  - CHRO MCTFS Screens
  - RT01-RT03 MCTFS Screens
  - Diary Retrieval of CMC (MMSR-4) and drop entries
  - DD214 hard copy

Limited Duty Coordinator

Temporary Not Physically Qualified (TNPQ)

Temporarily Not Physically Qualified

- **Definition**: A Reserve Marine is classified Temporary Not Physically Qualified (TNPQ) when the Marine has a medical injury, illness or condition **(NOT SERVICE CONNECTED MEDICAL CONDITION)** of a minor or temporary nature that is expected to be resolved and will not preclude the member from attending drill

Key Points to Remember:

- All medical documentation from the civilian provider must identify the diagnosis, treatment plan, recommended physical limitations, and prognosis of recovery. Upon receipt of the documentation and authorization by the Marine's CO/I-I the MDR will prepare a letter of instruction notifying the Marine that he/she is being placed on TNPQ and outline the conditions of participation to be followed during the period of TNPQ

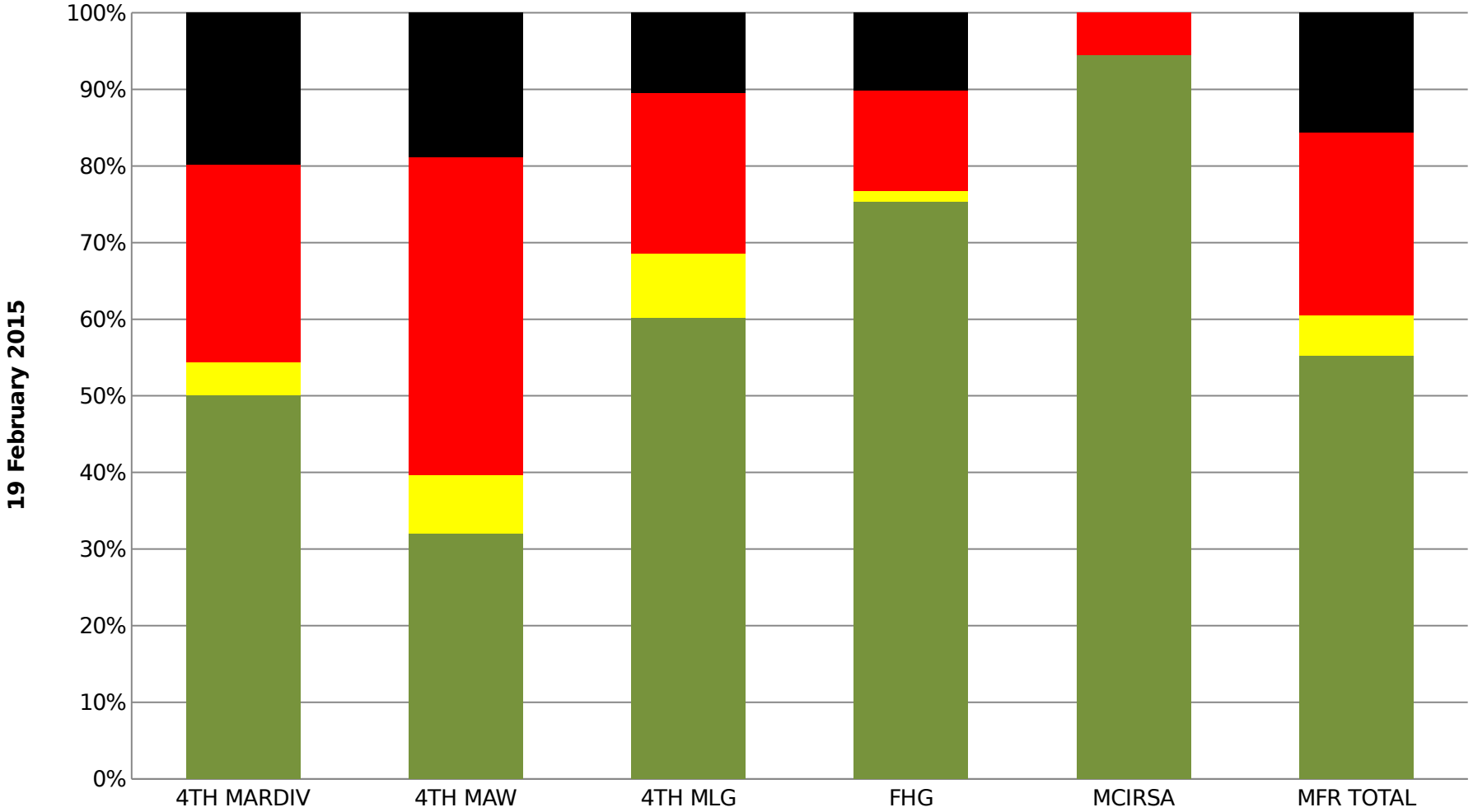
Temporarily Not Physically Qualified

- Upon receipt of military medical documentation, the unit will place the Marine in a TNPQ status by reporting TTC 112 000 STRCAT 'O'. Unit Commander/I-I's, shall prepare a Privileges and Responsibilities statement for the Marine to sign explaining the requirement to provide medical documentation every 30 days from his/her attending physician. Failure to comply with this requirement may result in administrative action including, but not limited to, administrative separation and/or reduction in grade (enlisted Marines)
- **Initial TNPQ assignment shall be for 90 days (draft MCRAMM)**
- Extensions in 30 day increments may be granted but must requested prior to being referred through the MEB/PEB process to BUMED (M9) for informal PEB and NPQ determination (**draft MCRAMM**)
  - Must be requested through and approved by

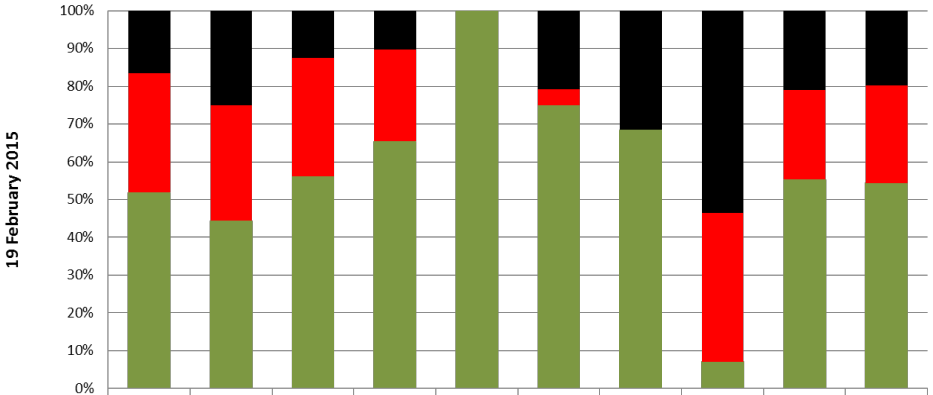
Temporarily Not Physically Qualified

- Reserve Marines in a TNPQ status, may with prior approval from the attending physician and I&I be kept in a drilling status. Member should be assigned duties that are in compliance with current limitations assigned by the attending physician, as not to aggravate or impede recovery or incur command liability
  - While in this status the Reserve Marine may ONLY attend periods of Inactive Duty Training at the home site
  - Marines may not perform any type of ADOS or Active Duty Training (ADT) greater than 30 days
  - Drilling status. When the member's unit performs off-site drills, the member's drills will be performed at the home training site or rescheduled
- Non-Drilling status. Marine is PROHIBITED from performing any period of military duty UNTIL found physically fit to perform all duties

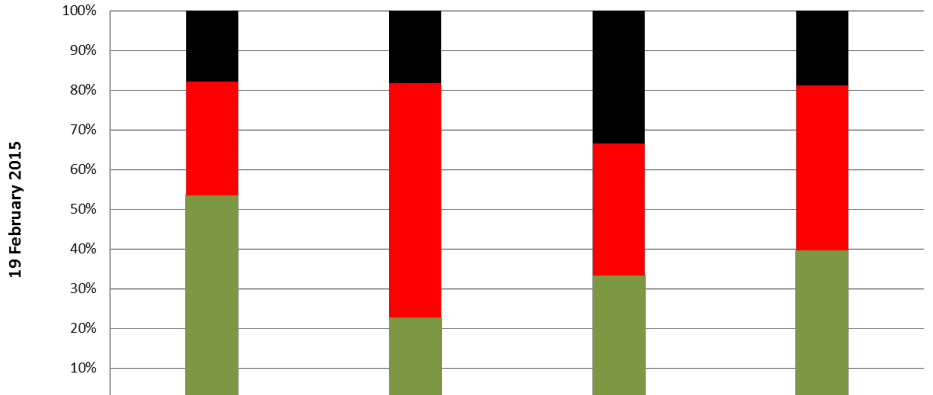
Temporarily Not Physically Qualified



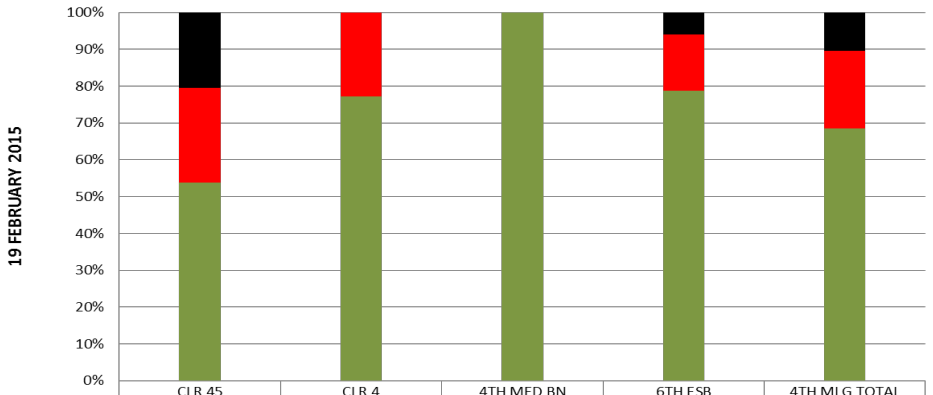
Temporarily Not Physically Qualified



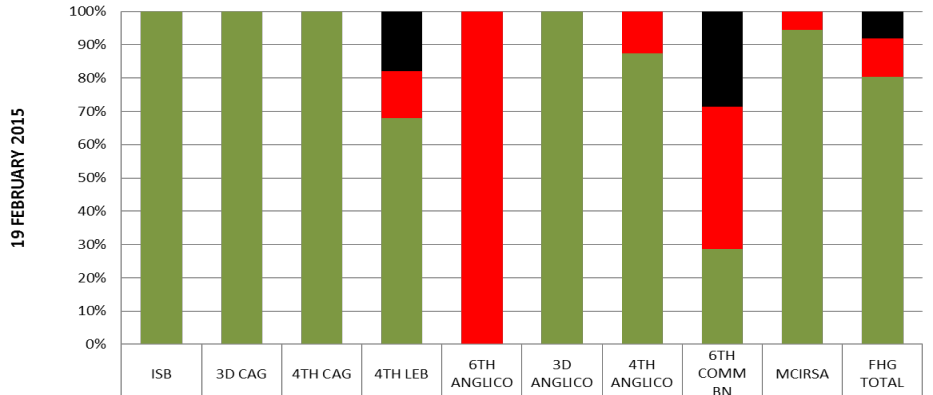
	14TH MAR	23RD MAR	24TH MAR	25TH MAR	4TH RECON	4TH TANK	4TH AAV	4TH CEB	4TH LAR	4TH MARDIV
> 365 DAYS	13	9	6	8	0	5	6	15	8	70
> 180 DAYS	25	11	15	19	0	1	0	11	9	91
0 - 180 DAYS	41	16	27	51	3	18	13	2	21	192
	51.90%	44.44%	56.25%	65.38%	100.00%	75.00%	68.42%	7.14%	55.26%	54.39%



	MAG-41	MAG-49	MACG-48	4TH MAW TOTAL
> 365 DAYS	5	4	1	10
> 180 DAYS	8	13	1	22
0 - 180 DAYS	15	5	1	21
	53.57%	22.73%	33.33%	39.62%



	CLR 45	CLR 4	4TH MED BN	6TH ESB	4TH MLG TOTAL
> 365 DAYS	16	0	0	4	20
> 180 DAYS	20	10	0	10	40
0 - 180 DAYS	42	34	3	52	131
	53.85%	77.27%	100.00%	78.79%	68.59%



	ISB	3D CAG	4TH CAG	4TH LEB	6TH ANGLICO	3D ANGLICO	4TH ANGLICO	6TH COMM BN	MCIRSA	FHG TOTAL
> 365 DAYS	0	0	0	5	0	0	0	2	0	7
> 180 DAYS	0	0	0	4	1	0	1	3	1	10
0 - 180 DAYS	1	18	1	19	0	5	7	2	17	70
	100.00%	100.00%	100.00%	67.86%	0.00%	100.00%	87.50%	28.57%	94.44%	80.46%

Limited Duty Coordinator

Not Physically Qualified (NPQ)

Not Physically Qualified Determination

- **Definition**: A Reserve Marine is classified Not Physically Qualified (NPQ) when he/she has a medical injury, illness or condition **(NOT SERVICE CONNECTED)** of permanent in nature and is **NOT** expected to be resolved and will preclude the member from attending drill

Key Points

- Only BUMED (M9) can place a Marine on NPQ status (draft MCRAMM) When the Marine is switched to NPQ status per instruction the member is no longer allowed to drill. But must continue to provide monthly updates to his/her CO/I-I and MDR
- Package must include all medical documentation that describes the nature of the illness and recommend what physical limitations are placed on the individual, Non-Medical Assessment with command Letter head, current PHA and notification letter sent with certified receipt

Not Physically Qualified Determination

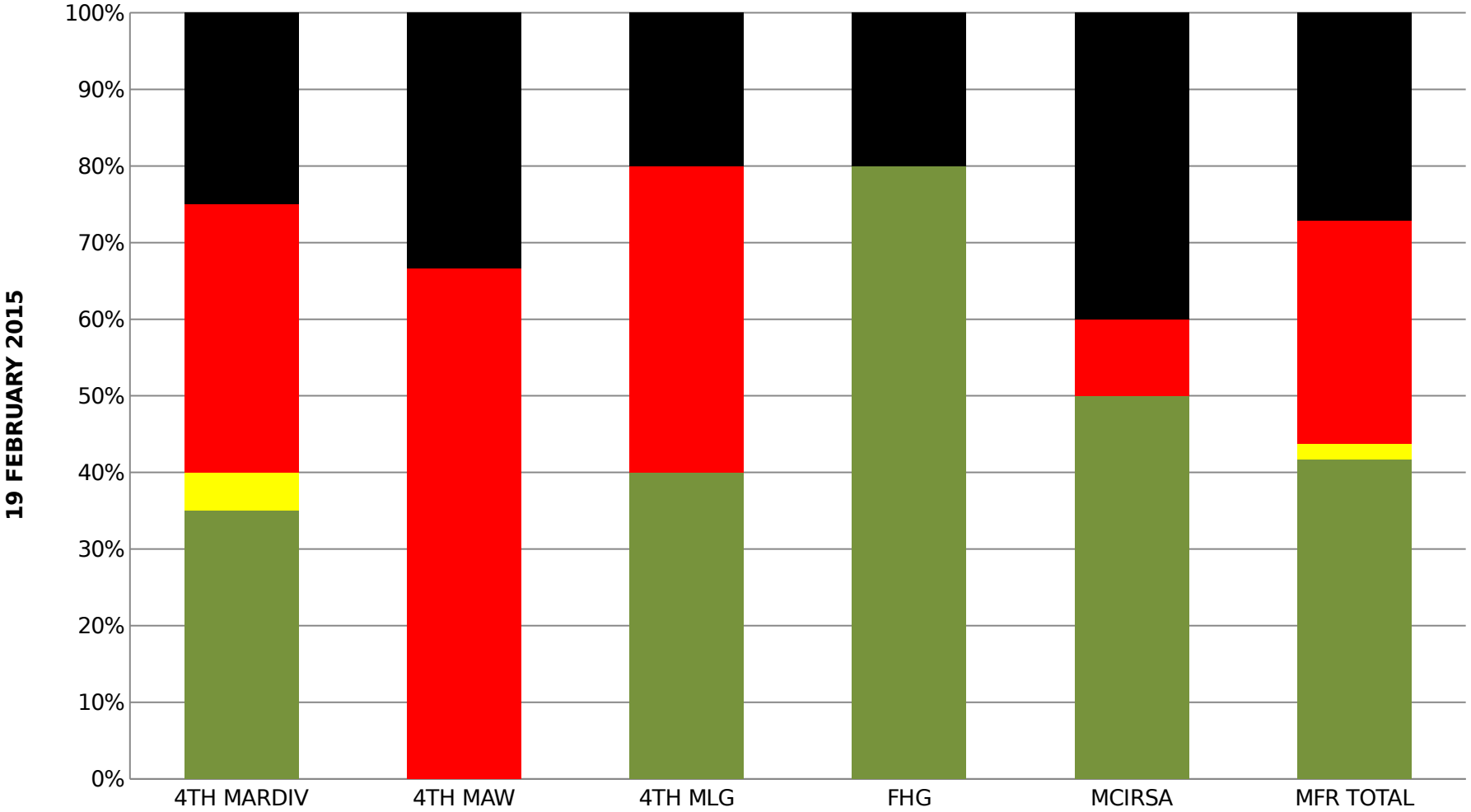
- Upon approval from BUMED the unit will place the Marine in a NPQ status by reporting TTC 112 000 STRCAT ‘9’
- In the case where the member is Returned to Full Duty report TTC 112 000 STRCAT ‘0’, effective date will be the date the Marine is determined to be full duty with no limitations

Not Physically Qualified

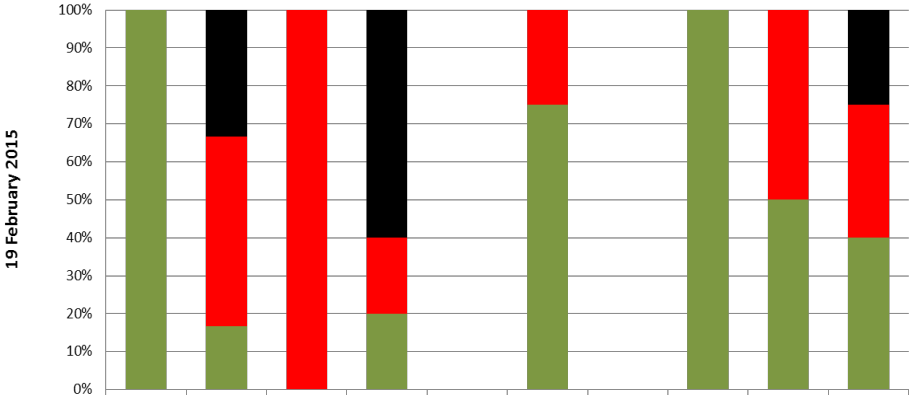
SGLI Premiums

- Marines who are placed under Not Physically Qualified (NPQ) status are not permitted to perform any type of duty as a result the SGLI premiums continue to add up. This is problematic because the Marine is incurring a debt that adds up very quickly.
- To prevent this financial burden on the Marine admin must notify of his/her option to lower his/her SGLI premium the Marine can mail out payments directly to DFAS or terminate SGLI prior to being placed in NPQ status
- The Marine can have his/her SGLI reinstated at later date by going to admin and signing a new form

Not Physically Qualified Determination

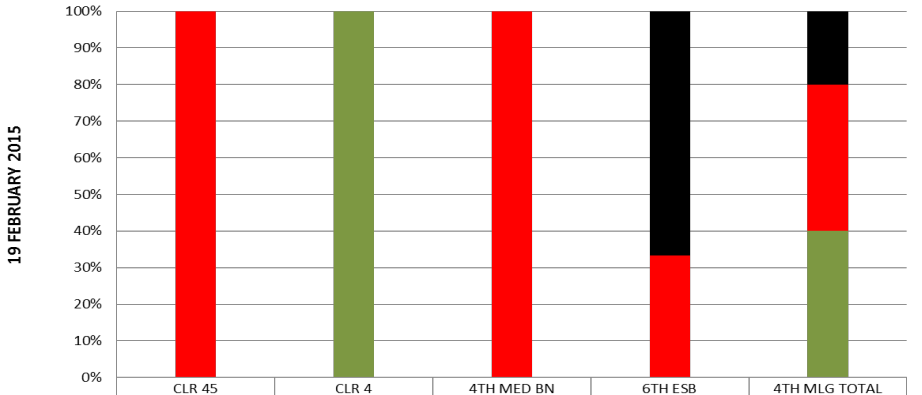


Not Physically Qualified Determination

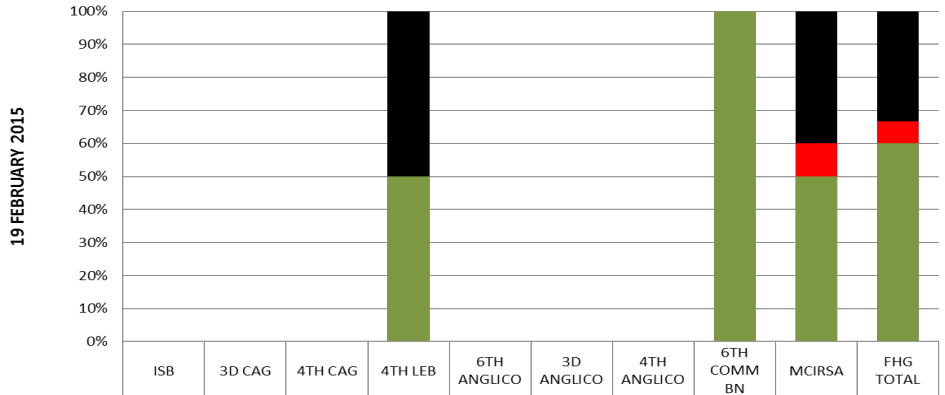


	14TH MAR	23RD MAR	24TH MAR	25TH MAR	4TH RECON	4TH TANK	4TH AAV	4TH CEB	4TH LAR	4TH MARDIV
> 365 DAYS	0	2	0	3	0	0	0	0	0	5
> 180 DAYS	0	3	1	1	0	1	0	0	1	7
0 - 180 DAYS	1	1	0	1	0	3	0	1	1	8
	100.00%	16.67%	0.00%	20.00%	0.00%	75.00%	0.00%	100.00%	50.00%	40.00%

	MAG-41	MAG-49	MACG-48	4TH MAW TOTAL
> 365 DAYS	0	0	0	0
> 180 DAYS	0	2	0	2
0 - 180 DAYS	0	0	0	0
	0.00%	0.00%	0.00%	0.00%



	CLR 45	CLR 4	4TH MED BN	6TH ESB	4TH MLG TOTAL
> 365 DAYS	0	0	0	2	2
> 180 DAYS	2	0	1	1	4
0 - 180 DAYS	0	4	0	0	4
	0.00%	100.00%	0.00%	0.00%	40.00%



	ISB	3D CAG	4TH CAG	4TH LEB	6TH ANGLICO	3D ANGLICO	4TH ANGLICO	6TH COMM BN	MCIRSA	FHG TOTAL
> 365 DAYS	0	0	0	1	0	0	0	0	4	5
> 180 DAYS	0	0	0	0	0	0	0	0	1	1
0 - 180 DAYS	0	0	0	1	0	0	0	3	5	9
	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	100.00%	50.00%	60.00%

Limited Duty Coordinator

Request for Retention

Requesting Retention

- When the MDR determines that the Marine reservist has developed or had a material change in a medical condition that will likely prevent the member from safely or effectively performing his MOS responsibilities. A retention package may be submitted to BUMEDS for recommendation of retention in the reserves
- Request for Retention:
  - Cover/Command letter
  - Non-Medical Assessment
  - Level of Activity- signed by member(Brief explanation of past, present, and future outlook)
  - Current PHA or Full Physical (not to exceed 2yrs)
  - All available medical information including copies of outpatient medical records

Requesting Retention

- **Medical Documentation** pertaining to injury/illness
  - A copy of all **pertinent** medical documentation. To include the attending physician/therapist (notes, radiology/lab reports)
  - Ensure package is in **chronological** order and all copies are ***legible and able to read***
  - BUMED must have current supporting medical documentation (surgery reports, examinations, Orthopedic exams, consults etc.) to make a determination
  - Medical notes on a prescription pad are **unacceptable!!**
  - Drill exclusion/light duty letters are not considered pertinent data
- Any information that could not be obtained or was unavailable must be explained either by letter or email. This will be included with the package to BUMED

Requesting Retention

- Packages are to be scanned and emailed directly to MARFORRES (HSS) Retention Package Coordinator
  - HM1 Moreland, Donna M. email: donna.moreland@usmc.mil
  - Alternate HM1 Hatten, Joanna M. email: joanna.hatten@usmc.mil
- If regular mail is preferred mail all correspondence to:

MARCORSPTFAC

Attention: Health Services Support

2000 Opelousas Avenue

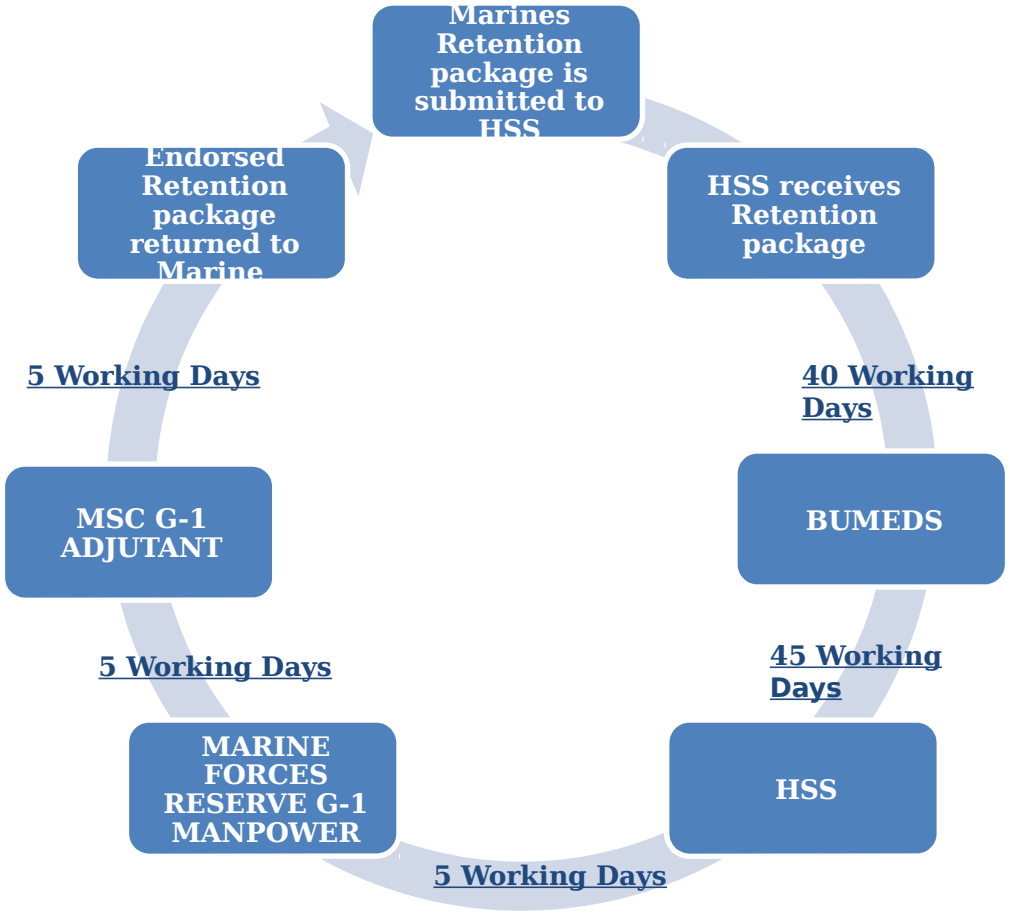
RM 1W4400

New Orleans, LA 70114-1500

DO NOT SEND ORIGINAL MEDICAL DOCUMENTATION!

Requesting Retention

Retention package process



QUESTIONS ???